the hope that they may be as efficacious as grass pollen treatment. In fact many patients are probably already receiving the extracts of D. farinae that are available.

Hyposensitization, however, presents many problems even when the cause of the allergy is well-established. These problems are very evident in house dust allergy, and indeed the British Tuberculosis Association found no benefit from house dust treatment in a controlled double-blind trial.<sup>23</sup> A. W. Frankland<sup>24</sup> rightly emphasizes the necessity for such trials in commenting on the report by D. Munroe-Ashman and colleagues<sup>25</sup> of benefit from treatment with a D. farinae extract in an uncontrolled trial. But comparison in a double-blind trial in relatively small groups of patients by K. Maunsell and colleagues<sup>26</sup> showing greater benefit from D. farinae extract suggests that it may be helpful. Large-scale, properly controlled double-blind trials, including immunological studies, and conducted so as to minimize the sources, allergenic and other, of variation in symptoms are necessary if extracts of the mites are to be brought into general use with confidence.

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## Suicide Risk in Teenage **Pregnancy**

Despite common assertions to the contrary, it has been clearly established that pregnancy in young patients is associated with distinct hazards. Teenage girls are more liable than those of a later age to hypertension and toxaemia of pregnancy, have a lower rate of engagement of the fetal head before labour, and a higher risk of operative delivery, while their infants are more likely to be premature

and carry a high perinatal mortality. 1-3 In the past decade there have been increases in the birth rate, prenuptial conception rate, and illegitimacy ratio among young people despite a falling legitimacy rate and a birth rate declining since 1964. The marriage rate of girls aged under 19 has increased four-fold in the past 30 years.<sup>4 5</sup> Most girls who conceive outside wedlock marry before delivery of the baby,4 and early marriage often results in disruption of education or training, is associated with high fertility and obstetric hazards, and carries a greater risk of divorce or separation than do later marriages.6

Since Emile Durkheim's<sup>7</sup> classic studies it has been recognized that married people and parents are less likely to commit suicide than unmarried or childless people. J. G. Evans,8 however, has drawn attention to the apparent paradox of very high rates of deliberate self-poisoning in married women under 20 years old. Recently I. W. Gabrielson and associates9 reviewed the experience of a group of mothers who were delivered before the age of 18 and found a high risk of subsequent suicide attemps in this group. The risk of self-harm was somewhat higher than average among single girls, Roman Catholics, and girls from well-to-do areas. Those attempting suicide had a higher rate of pregnancy complications and venereal disease than other teenage mothers. The increased risk of self-harm associated with teenage pregnancy or early marriage may be due to the stress of motherhood or marriage, or both the sexual and suicidal behaviour may be evidence of adolescent disturbance.

The idea that young mothers are little upset emotionally as a result of pregnancy, labour, or the puerperium1 2 may be misleading, for through dissociation or denial the adolescent may conceal from herself and others the distress which she later has to attempt to resolve. The teenage pregnancy itself identifies a group of girls at special risk in both obstetric and psychological terms. The risk of self-harm and its implications as a cry for help need to be more widely recognized, and the myth that suicide does not occur during pregnancy must be dismissed.3 10 11 Consequently, when pregnancy does occur, early obstetric care and continuing psychological support may reduce the very real hazards to which mother and child are exposed. When termination of pregnancy is advised these risks need to be considered, while if the pregnancy continues the social difficulties that may arise from enforced marriage need to be weighed up. Poor relationships between mother and child, baby battering, and behaviour disturbances in childhood are all correlates of early marriage, 12 13 and adoption of the baby may offer better prospects for both mother and child.

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